Docket	No.:	

## APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: FIBER, PROBE, AND OPTICAL HEAD OF MULTIPLE OPTICAL PATH ARRAY TYPE AND METHODS FOR

described and claimed in the specification:

MANUFACTURING THE SAME

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Typewritten Full Name

attached hereto.

filed on \_\_\_\_ as Application No. \_\_\_\_ and amended on \_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

> Japanese Patent Application No. 2001-65665 filed on March 8, 2001

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

> James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463; Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and Richard E. Rice, Reg. No. 31,560.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

	of First or Sole	Inventor	Yoshihito		NARITA	
2	**Inventor's Signature:		Given Name		Middle Initial	Family Name
3	**Date of Signa	iture:	February	. 7/0	8th	2002
	Residence:	HACHIOJI	Month -SHI	TOI	Day KYO	Year JAPAN
	Citizenship:	JAPANESE	City	Sta	te or Province	Country
		Post Office Address: (Insert complete	c/o JASCO	CORPORATION,	2967-5, Ishik	kawa-cho,
		mailing address, including country)	Hachioji-s	shi, Tokyo 192	2-8537 JAPAN	

\*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

## PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

	ull Name ntor (if any)	Tsutomu		INOUE
oj Secona soma shver	uoi (y uny)	Given Name	Middle Initial	Family Name
2 **Inventor's Si		Znoue		
3 **Date of Sign	ature:	February	8th	2002
		Month	Day	Year
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Children p.	Post Office Address: (Insert complete mailing address,	c/o JASCO CORI	PORATION, 2967-5, Ishik	awa-cho,
1 m	including country)	<u>Hachioji-shi,</u>	Tokyo 192-8537 JAPAN	
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of Third Joint Invent	n (g uny)	Given Name	Middle Initial	Family Name
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Citizenship:  1 Typewritten F of Fifth Joint Invente	Post Office Address: (Insert complete mailing address, including country)  Full Name or (if any)	City Given Name	State or Province  Middle Initial	Country Family Name
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Citizenship:  1 Typewritten F of Fifth Joint Invente 2 **Inventor's S	Post Office Address: (Insert complete mailing address, including country)  Full Name or (if any)			
Citizenship:  1 Typewritten F of Fifth Joint Invente 2 **Inventor's S	Post Office Address: (Insert complete mailing address, including country)  Full Name or (if any)	Given Name	Middle Initial	Family Name
Citizenship:  1 Typewritten F of Fifth Joint Invente 2 **Inventor's S 3 **Date of Sign	Post Office Address: (Insert complete mailing address, including country)  Full Name for (if any)  signature: mature:	Given Name	Middle Initial	Family Name
Citizenship:  1 Typewritten F of Fifth Joint Invente 2 **Inventor's S 3 **Date of Sign Residence:	Post Office Address: (Insert complete mailing address, including country)  Full Name for (if any)  signature: mature:	Given Name  Month	Middle Initial Day	Family Name Year
Citizenship:  1 Typewritten F of Fifth Joint Inventor 2 **Inventor's S 3 **Date of Sign	Post Office Address: (Insert complete mailing address, including country)  Full Name or (if any)  iignature: mature:	Given Name  Month  City	Middle Initial Day	Family Name Year
Citizenship:  1 Typewritten F of Fifth Joint Invente 2 **Inventor's S 3 **Date of Sign Residence:	Post Office Address: (Insert complete mailing address, including country)  Full Name or (if any)  ignature: nature:	Given Name  Month  City	Middle Initial Day	Family Name Year
Citizenship:  1 Typewritten F of Fifth Joint Invente 2 **Inventor's S 3 **Date of Sign Residence:	Post Office Address: (Insert complete mailing address, including country)  Full Name or (if any)  iignature: mature:	Given Name  Month  City	Middle Initial Day	Family Name Year

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.